

SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Details

Public Employer: New Providence Board of Education County: Union
Employee Organization: New Providence Custodian and Maintenance Association Employees in Unit: 23
Base Year Contract Term: 7/1/2012 6/30/2015 New Contract Term 7/1/2015 6/30/2018
Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Section II: Economic			
<i>Item 1</i>	Salary	\$1,409,337	\$1,445,992
<i>Item 2</i>	Increment	\$2,431	\$2,499
<i>Item 3</i>	Longevity	\$32,980	\$33,840
<i>Item 4</i>			
<i>Item 5</i>			
<i>Item 6</i>			
<i>Item 7</i>			
<i>Item 8</i>			
<i>Item 9</i>			
<i>Item 10</i>			
<i>Item 11</i>			
<i>Item 12</i>			
Any additional items list on separate sheet	Additional Items		
Section III: Totals - Sum of costs in each column		<u>\$1,444,748</u> (Total)	<u>\$1,482,331</u> (Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement)	<u>\$1,444,748</u>		
Effective Date (m/d/yyyy)	<u>7/1/2015</u>	<u>7/1/2016</u>	<u>7/1/2017</u>
Percent Increase	<u>2.6</u>	<u>2.4</u>	<u>2.4</u>
Total cost of increase	<u>\$36,655</u>	<u>\$34,707</u>	<u>\$35,541</u>
Total base salary (successor agreement)	<u>\$1,445,992</u>	<u>\$1,480,699</u>	<u>\$1,516,240</u>

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement)	<u>2.47</u>
Dollar Impact (average per year over term of agreement)	<u>\$35,634.00</u>

Section VI

Health Insurance (Indicate costs associated on each line)			
	Base Year	Year 1	
Cost of Health Plan	\$490,773	\$554,573	
Employee Contributions	\$84,858	\$98,811	
Prescription	\$0	\$0	
Derail	\$24,351	\$24,351	
Vision	\$0	\$0	

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by:

<p>James Testa Print Name  Signature</p>	<p>Title: School Business Administrator/Brd Sec Date: <u>12/7/2015</u></p>
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SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Details

Public Employer: New Providence Board of Education County: Union
Employee Organization: New Providence Education Association- Secretarial Unit Employees in Unit: 17
Base Year Contract Term: 7/1/2012 6/30/2015 New Contract Term 7/1/2015 6/30/2018
Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

		Column A <u>Base Year - Total Costs</u> (Last Year of Previous agreement)	Column B <u>New Base Year - Total Costs</u> (First Year of Successor agreement)
Section II: Economic			
Item 1	Salary	\$816,261	\$837,487
Item 2	Increment		
Item 3	Longevity	\$950	\$950
Item 4			
Item 5			
Item 6			
Item 7			
Item 8			
Item 9			
Item 10			
Item 11			
Item 12			
Any additional items list on separate sheet	Additional Items		
Section III: Totals - Sum of costs in each column		<u>\$817,211</u>	<u>\$838,437</u>
		(Total)	(Total)

Section IV: Analysis of new successor agreement

<u>NEW AGREEMENT ANALYSIS</u>			
Total Base Year(previous agreement)	<u>\$817,211</u>		
Effective Date (m/d/yyyy)	<u>7/1/2015</u>	<u>7/1/2016</u>	<u>7/1/2017</u>
Percent Increase	<u>2.6</u>	<u>2.4</u>	<u>2.4</u>
Total cost of increase	<u>\$21,226</u>	<u>\$20,108</u>	<u>\$20,583</u>
Total base salary (successor agreement)	<u>\$837,487</u>	<u>\$857,595</u>	<u>\$878,178</u>

Section V: Impact of Settlement - average annual increase over term of agreement

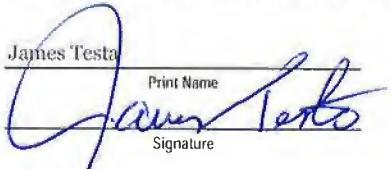
Percentage Impact (average per year over term of agreement) 2.47
Dollar Impact (average per year over term of agreement) \$20,639.00

Section VI

Health Insurance (Indicate costs associated on each line)			
	Base Year	Year 1	
Cost of Health Plan	<u>\$276,391</u>	<u>\$312,322</u>	
Employee Contributions	<u>\$26,155</u>	<u>\$33,887</u>	
Prescription	<u>\$0</u>	<u>\$0</u>	
Denial	<u>\$13,622</u>	<u>\$13,622</u>	
Vision	<u>\$0</u>	<u>\$0</u>	

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by: James Testa Print Name: James Testa
Signature: 
Title: School Business Administrator/Brd Sec
Date: 12/7/2015

SUMMARY FORM**COLLECTIVE BARGAINING AGREEMENT**
PUBLIC SECTOR / NON-POLICE & NON-FIRE**Section I: Agreement Details**

Public Employer: New Providence Board of Education County: Union
 Employee Organization: New Providence Education Association- Teachers Employees in Unit: 203
 Base Year Contract Term: 7/1/2012 6/30/2015 New Contract Term 7/1/2015 6/30/2018
 Type of Settlement: Mediated Settlement Fac-Finder Recommendation Voluntary Settlement Super Conciliation

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Section II: Economic			
Item 1	Salary	\$14,711,399	\$15,093,938
Item 2	Increment		
Item 3	Longevity	\$41,800	\$41,800
Item 4	Stipends- Co Curr/Athletics	\$563,987	\$578,651
Item 5	*Stipends- Other		
Item 6	*Varies and paid per hour		
Item 7	based on use 0% increase		
Item 8	for all three years		
Item 9			
Item 10			
Item 11			
Item 12			
Any additional items list on separate sheet	Additional Items		
Section III: Totals - Sum of costs in each column		\$15,317,186	\$15,714,389
		(Total)	(Total)

Section IV: Analysis of new successor agreement **NEW AGREEMENT ANALYSIS**Total Base Year(previous agreement) \$15,317,186

Effective Date (m/d/yyyy)	7/1/2015	7/1/2016	7/1/2017			
Percent Increase	2.6	2.4	2.4			
Total cost of increase	\$382,539	\$362,306	\$370,833			
Total base salary (successor agreement)	\$15,093,938	\$15,456,244	\$15,827,077			

Section V: Impact of Settlement - average annual increase over term of agreement

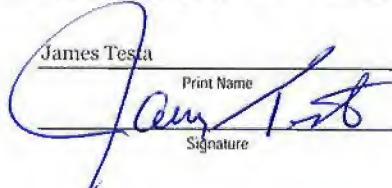
Percentage Impact (average per year over term of agreement) 2.47
 Dollar Impact (average per year over term of agreement) \$371,893.00

Section VIHealth Insurance (Indicate costs associated on each line)

	Base Year	Year 1				
Cost of Health Plan	\$3,493,755	\$3,947,943				
Employee Contributions	\$805,236	\$908,322				
Prescription	\$0	\$0				
Dental	\$173,865	\$173,865				
Vision	\$0	\$0				

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, she is subject to punishment.**Section VII**

Prepared by:

James Testa
 Print Name: James Testa
 Signature: 

Title: School Business Administrator/Brd Sec

Date: 12/7/2015

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 7/1/2015 thru 6/30/2018.

Employer: New Providence Board of Education

County: Union

Date: 12/7/2015

Name: James Testa

Print Name

Title: School Business Administrator/Brd Sec


Signature